

INFORMATION PAPER

SUBJECT: Technology Assessment & Requirements Analysis (TARA) Program

PURPOSE. To provide a summary of the TARA program to include its deliverables and benefits

BACKGROUND. The TARA program was initially established in 1992 as a contracted pilot program. It was then brought in-house in 1994 and the first TARA visit occurred at Walter Reed Army Medical Center in April of that year. The Strategic Technology & Clinical Policies Council (STCPC) formally adopted the TARA program in January 1995, directing full integration of clinical consultants and requiring a TARA visit to every AMEDD medical activity and medical center on a 3-year basis. After the initial round of site visits, the frequency was changed to 3 years for MEDCENS and 4-5 years for all other medical facilities. The TARA program has resulted in process improvements, modernization of diagnostic imaging and radiotherapy systems, and has realized a cost avoidance/savings to the AMEDD in excess of \$110 million since 1994. The TARA program has realized an average of \$8.5 million dollars a year over the last 13 years. This is due to group buy initiatives, standardized assessment of investment equipment requirements based on validated workload metrics and identifying excess equipment and reducing the maintenance burden on the facilities by removing and not replacing these systems; However, it should be noted that there is a host of intangible benefits the TARA program provides to include: improvements and efficiencies of operations, workflow, facilities; professional mentorship; and the quality of care provided to our military members and their families.

FACTS.

The TARA program currently assesses imaging, radiotherapy and laboratory operations within the USAMEDCOM's brick and mortar (TDA) medical treatment facilities (MTFs). Site visits are performed and departmental staffs are interviewed and overall operations are observed and assessed. The primary areas assessed by the TARA include:

- Clinical Operations - Clinical assessment is performed by the Office of The Surgeon General (OTSG) Consultants for Radiology and Lab Management. They assess staffing, peer review programs, quality assurance programs, process improvement programs, quality of care and availability of care.
- Requirements – TARA modality managers (Biomedical Engineers/Medical Physicist) identify equipment requirements to include quantity of systems and proper mix of equipment based on business processes and procedures performed. Established commercial and TARA validated metrics are used to identify workload requirements.

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- Department Operations – The TARA team observes workflow/patient flow and recommends process improvements to increase efficiency, ensure patient privacy (HIPAA) and improve patient care. TARA also assesses and recommends improvements in facilities.
- Equipment – TARA assesses the condition of the equipment to include clinical acceptance, technology obsolescence, reliability and supportability. Maintenance histories are review and analyzed to identify equipment problems versus training shortfalls.

Upon completion of the visit, the hospital commander is provided a preliminary 5-year strategic procurement plan for equipment, recommended improvements in operations, facilities, staffing, workflow, and clinical operations. A final published report will be forwarded to the hospital. Evaluations are performed at approximately 8 to 10 facilities a year. The TARA program is an unbiased and independent team of professionals that provides the following benefits/service:

- Provide advice to the STCPC/USAMEDCOM on the prioritization, planning, programming and execution of capital investment programs
- Work with vendors and the sites to ensure interoperability of new system acquisitions with current systems within the facility and with the overall network infrastructure
- Make tough recommendations with regards to infrastructure right-sizing (Space, People, Equipment and Contracts)
- Reduce clinical and administrative workload by performing the Business Case Analysis (BCA) to support system requirements for the facility (site visits). The TARA report eliminates the need for the MTF to perform its own BCA and submit a MEDCASE Program Requirement packet.
- Validate workload documentation out of the Composite Health Care System (CHCS) by Clinical Procedural Terminology (CPT) codes
- Mitigate URGENT requirements by managing the equipment and having subject matter experts that are intimately knowledgeable of the systems
- Provide clinical recommendations through the OTSG Consultants (matrixed)
- Assist the site in identifying ways to recapture workload that is being referred out to the Tri-care network (additional equipment, staffing, business practices, etc.)
- Leverages industry and technology to provide the best value to the Government on the acquisition of systems to include “Group-Buy” initiatives

CONCLUSION. The TARA Program will continue to evolve as mission needs dictate. What began as a high-technology, high-dollar equipment management tool has developed into a powerful process for re-engineering and change management.

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